OREGON PLASTIC SURGEONS
PLASTIC SURGERY

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875 Oak Street SE
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Breast Questionnaire

Please print and complete all Items

Name:_____ Age:_____ Date:_____

1. What is your particular breast concern?_____

   _____

2. Does this run in female members of your family?_____ If yes, who?_____
3. What is your height?_____ Weight?_____ Bra Size?_____ Padded or Unpadded
4. How old were you when you began menstruating?_____ Date of your last period_____
5. How many times have you been pregnant?_____ How many children do you have?_____
6. Did you breast feed?_____ If yes, for how long?_____
7. Did your breast size change with pregnancy?_____ If yes, how much?_____
8. When was your last mammogram?_____ Was it normal?_____
9. Have you ever been diagnosed with any breast diseases or breast tumors?_____

   If yes, please explain (type, date of surgery if any, and doctor)_____

   _____
10. Has anyone in your family had any breast disease or tumors?_____
11. How is your general health? Excellent _____ Good _____ Fair _____ Poor _____
12. Have you ever had any major illnesses or injuries?_____

    If yes, please specify _____
13. Do you have any unusual bleeding tendencies?_____ If yes, please explain_____

    _____
14. Have you ever taken any hormones or birth control pills on a regular basis?_____

    If yes, please list _____
15. Do you smoke? _____ If yes, how much? _____

    Do you drink? _____ If yes, how much? _____